	FORM 24/48
NAME OF COMMITTE (In Full)	N NUMBER ▼
FREEDOMWORKS FOR AMERICA  C C00499020	
O 000433020	
Check If 24-hour report	Y = Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
Adcoprint.com	Y   Y   Y   Y   Y
09 06	2012
Mailing Address 8412 Sabal Industrial Blvd.  Amount	
City State Zip Code	
Tampa FL 33619	3188.99
Transaction ID : SE.77027	State: FL
IE-Mack-Yard Signs Type 004	
President	District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:  CONNIE MACK  Check One:  Support	Oppose
CONNIE MACK	
Calendar Year-To-Date Per Election Disbursement For: Primary	<b>X</b> General
for Office Sought 99432.40 2012 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Date	
Adcoprint.com	Y
09 07	2012
Mailing Address 8412 Sabal Industrial Blvd.	
Amount	
City State Zip Code Tampa FL 33619	642.00
Transaction ID : SE.77028	State: 🖂
Purpose of Expenditure IE-Mack-Signage Category/ Type 004 Office Sought: House Senate	
President	District: 00
Name of Federal Candidate Supported of Opposed by Expenditure:	Oppose
CONNIE MACK  Check One: Support	Oppose
Calendar Year-To-Date Per Election Disbursement For: Primary	General
for Office Sought 101056.33 2012 Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	3830.99
(a) SOBTOTAL of itemized independent Expenditures	3630.99
(h) CUDTOTAL of Uniterpized Independent Evrenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
( ) TOTAL	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultati with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is party committee) any political party committee or its agent.	
Ryan Hecker [Electronically Filed] Date 09 10 2012	
Signature Date 09 10 2012	

SCHEDULE E)	PAGE 2 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	C C00499020
Check If 24-hour report	on Mam / Dab / Yayayay
Full Name (Last, First, Middle Initial) of Payee	Data
Bill Barnett	Date
Mailing Address 815 Hallowell Circle	09 06 2012 Amount
City State Zip Code	7 UNOUN
Orlando FL 32828	109.30 Fransaction ID : SE.77033
	Sought: House State: FL Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
CONNIE MACK Check	COne: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbu 2012	rsement For: Primary General  Other (specify)
Full Name (Last, First, Middle Initial) of Payee Bill Barnett	Date
Mailing Address 815 Hallowell Circle	09 08 2012
	Amount
City State Zip Code Orlando FL 32828	111.69
Purpose of Expenditure Cotegory/ Office	Transaction ID : SE.77036 Sought: House State: FL
IE-Mack-Office Supplies-Printing Type 001	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:  CONNIE MACK  Check	President  k One: Support Oppose
	rsement For: Primary X General
for Office Sought 101660.92 2012	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	220.99
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ryan Hecker [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	2012

# Image# 12952877072 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E) PA

SCHEDULE E)	FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	
	C C00499020
Check If 24-hour report 48-hour report New report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee	Date
Stacy Snow Feiler	
	09 07 2012
Mailing Address 10312 Bloomingdale Ave.	
Ste. 108 PMB 379	Amount
City State Zip Code	73.70
Riverview FL 33578	Transaction ID : SE.77034
Purpose of Expenditure  Category/ Category/	Office Sought: House State: FL
IE-Mack-Office Supplies-Paper Type 001	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
CONNIE MACK	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Christopher Hopkins	
	09 / 08 / 2012
Mailing Address 505 Hwy 27 S	
	Amount
City State Zip Code	55.95
Minneola FL 34715	Transaction ID : SE.77035
Purpose of Expenditure  Category/ Category/	Office Sought: House State: FL
IE-Mack-Office Supplies-Pens Type 001	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
CONNIE MACK	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	129.65
(a) SOBTOTAL OF REMIZES INSEPTIMENT EXPENDITURES	129.00
(1) OUDTOTAL (11 % ) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	·
Under penalty of portury I cortify that the independent expanditures reported havein were not under the independent expanditures reported haveing the independent expanditures reported haveing the independent expanditures reported have not under the independent expanditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political	
party committee) any political party committee or its agent.	
Ryan Hecker	M = M / D = D / Y = Y = Y
Signature [Electronically Filed] Date	09 10 2012
Oignataro	

SCHEDULE E)	PAGE 4 OF 9 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
FREEDOMWORKS FOR AMERICA	C C00499020	
Check If 24-hour report  48-hour report  New report  Amends report file	ed on Man / Dab / Yayayay	
Full Name (Last, First, Middle Initial) of Payee	Date	
Impressionz	M M / D D / Y Y Y Y	
Mailing Address 4822 S. Orange Ave., Ste. 14		
4022 3. Grange Ave., Sie. 14	Amount	
City State Zip Code	4355.85	
Orlando FL 32806	Transaction ID : SE.77026	
Purpose of Expenditure   Category/ Of IE-Mack-T-Shirts   O04	fice Sought: House State: FL	
Type 004	Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure:	President ——	
CONNIE MACK Cr	neck One: Support Oppose	
Calendal real-10-Dale Fel Flechon	sbursement For: Primary General	
for Office Sought 106016.77 201	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
Ingenious Technology Group	M M / D D / Y Y Y	
Mailing Address 702 East Grand Hwy	09 07 2012	
	Amount	
City State Zip Code	300.00	
Clermont FL 34711	Transaction ID : SE.77029	
Purpose of Expenditure   Category/   IE-Mack-Equipment Rental   Category   001   Type   O1	fice Sought: House State: FL Senate District: 99	
	President District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure:  CONNIE MACK  Cr	neck One: Support Oppose	
	Shows a second Say Drive and Say Say Say	
Calendar Year-To-Date Per Election for Office Sought 101356.33	sbursement For: Primary General	
ior office cought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	4655.85	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) SOBTOTAL OF STRICTING AND ADDRESS AND	7 7 7	
(c) TOTAL Independent Expenditures		
	7 7 7	
Under penalty of povium, I coutify that the independent appenditures reported have not made in accounting an appenditure of account.		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Ryan Hecker	M = M / D = D / Y = Y = Y	
[Electronically Filed] Date	09 10 2012	
Signature		

SCHEDULE E)	PAGE 5 OF 9 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
FREEDOMWORKS FOR AMERICA		
	C C00499020	
Check If 24-hour report X 48-hour report New report Amends report fil	ed on M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee	Data	
Oversight Wealth Management	Date	
Mailing Address 1311 N Westshore Rlvd	09 06 2012	
- TOTTY. Westeriore Bird.	Amount	
Ste. 101  City State Zip Code	Amount	
Tampa FL 33607	750.00	
	Transaction ID : SE.77032	
Purpose of Expenditure IE-Mack-Rent Category/ Type 001		
	Senate District: 00 President	
Name of Federal Candidate Supported or Opposed by Expenditure:		
CONNIE MACK	neck One: Support Oppose	
Calendar Year-To-Date Per Election	sbursement For: Primary 🔀 General	
for Office Sought 100182.40 201	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee		
Pinkston Group	Date	
	09 01 2012	
Mailing Address 4115 Annandale Rd., #305		
	Amount	
City State Zip Code	357.15	
Annandale VA 22203	Transaction ID : SE.77025	
JE Nolson Votor Book Production	ffice Sought: House State: FL	
Type 004	Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
BILL NELSON C	heck One: Support Oppose	
Calendar Year-To-Date Per Election	sbursement For: Primary X General	
for Office Sought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	1107.15	
(b) SUBTOTAL of Unitemized Independent Expenditures		
	7 7 7	
(c) TOTAL Independent Expenditures		
	7-1-7-1-7-1	
Under penalty of perjury I certify that the independent expenditures reported herein were not	made in cooperation, consultation, or concert	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	l	
Ryan Hecker [Electronically Filed] Date	M = M / D = D / Y = Y = Y = Y = 0	
Signature	2012	

SCHEDULE E)	PAGE 6 OF 9 FOR SE OF FORM 24/48
	DENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	C00499020
Check If 24-hour report X 48-hour report New report Amends report filed on	/ D D / Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee	
The Austin Companies	/ DID / YIYIY
Mailing Address 1311 N. Westshore Blvd.	05 2012
Ste. 101	
City State Zip Code Tampa FL 33607	400.00
Purpose of Expenditure  Purpose of Expenditure  Category/  Odd  Office Sought:	House State: FL
Туре	Senate District: 00 President
Name of Federal Candidate Supported or Opposed by Expenditure:  CONNIE MACK  Check One:	Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2012 Other (sp	Primary General
Full Name (Last, First, Middle Initial) of Payee Date	,
TK Properties, Inc.	/ 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 735 Almond St.	
Suite A Amount	
City State Zip Code Clermont FL 34711  Transaction II	150.00 D : SF 77024
Purpose of Expenditure IE-Mack-Rent Category/ Type 001 Office Sought:	House State: FL Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
CONNIE MACK  Check One:	Support Oppose
Calendar Year-To-Date Per Election for Office Sought 94691.47 Disbursement For: 2012 Other (sp	Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	550.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(-)	7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ryan Hecker [Electronically Filed] Date 09 10	2012
Signature	2012

SCHEDULE E)	PAGE 7 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	C C00499020
Check If 24-hour report	on M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
Ultrex Printing	Date
Mailing Address 302 Oak St., Ste. A	08 28 2012 Amount
	Amount
City State Zip Code Lady Lake FL 32159	2497.04 [ransaction ID : SE.77022
	Sought: House State: FL Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Cone: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 94541.47 Disbu	rsement For: Primary General  Other (specify)
Full Name (Last, First, Middle Initial) of Payee Debbie Wilson	Date
Mailing Address 1443 Jumana Loop	09 05 2012
Maining Address 1443 Jumana Loop	Amount
City State Zip Code	314.28
Apollo Beach FL 33572	Transaction ID : SE.77030
Purpose of Expenditure IE-Mack-Office Supplies-Nametags Category/ Type 001	Sought: House State: FL Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
CONNIE MACK Check	k One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbu 2012	rsement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2011 22
(a) SOBTOTAL of Remized Independent Expenditures	2811.32
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ryan Hecker [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

SCHEDULE E)	PAGE 8 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	C C00499020
Check If 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee  Debbie Wilson	ate
Mailing Address 1443 Jumana Loop	09 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ar	mount
City State Zip Code	480.51
Apollo Beach FL 33572 Tra	nsaction ID : SE.77031
Purpose of Expenditure IE-Mack-Travel Category/ Type 002	ought: House State: FL  Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
CONNIE MACK  Check C	One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disburse 2012	ement For: Primary General  Other (specify)
Full Name (Last, First, Middle Initial) of Payee  Debbie Wilson	ate
Mailing Address 1443 Jumana Loop	09 06 / Y Y Y Y Y
	mount
City State Zip Code	122.63
Apollo Beach FL 33572 Tra	Insaction ID : SE.77037
Purpose of Expenditure IE-Mack-Travel Category/ Type 002	
Name of Federal Candidate Supported or Opposed by Expenditure:	President
CONNIE MACK Check C	One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disburse 2012	ement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	603.14
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ryan Hecker [Electronically Filed] Date 09	/ D D / Y Y Y Y
Signature [Electronically Filed] Date 09	10 2012

(SCHEDULE E)	PAGE 9 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	C C00499020
Check If 24-hour report X 48-hour report New report Amends report fi	iled on DDD / YTYTY
Full Name (Last, First, Middle Initial) of Payee	
Debbie Wilson	Date
Mailing Address 1443 Jumana Loop	Amount
City State Zip Code	
Apollo Beach FL 33572	63.25 Transaction ID : SE.77038
Purpose of Expenditure IE-Mack-Postage Category/ Type 001	Office Sought: House State: FL Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
CONNIE MACK C	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
	M M / D D / Y Y Y Y
Mailing Address	-
Mailing Address	Amount
City State Zip Code	Tinount
State Zip Code	
Category/	Office Sought: House State:
Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
C	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(a) CURTOTAL of Itarriand Indonesidant Funcacility	90.05
(a) SUBTOTAL of Itemized Independent Expenditures	63.25
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	10070.04
(b) TOTAL Indoportative Experiations	13972.34
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ryan Hecker	M = M / D = D / Y = Y = Y
[Electronically Filed] Date Signature	09 10 2012
orginaturo	